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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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EXAMINER	
MORGAN, ROBERT W	

ART UNIT	PAPER NUMBER
3626	

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Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Office Action Summary	Application No.	Applicant(s)	
	09/422,046	BROWN, STEPHEN J.	
	Examiner	Art Unit	
	Robert W. Morgan	3626	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1)☒ Responsive to communication(s) filed on *21 September 2007*.

2a)☐ This action is **FINAL**. 2b)☒ This action is non-final.

3)☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4)☒ Claim(s) *70,71,76,77,110-123,126-145,148-166,169-186 and 189* is/are pending in the application.

4a) Of the above claim(s) _____ is/are withdrawn from consideration.

5)☐ Claim(s) _____ is/are allowed.

6)☒ Claim(s) *70,71,76,77,110-123,126-145,148-166,169-186 and 189* is/are rejected.

7)☐ Claim(s) _____ is/are objected to.

8)☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9)☐ The specification is objected to by the Examiner.

10)☐ The drawing(s) filed on _____ is/are: a)☐ accepted or b)☐ objected to by the Examiner.

Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

11)☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

12)☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

a)☐ All b)☐ Some * c)☐ None of:

1.☐ Certified copies of the priority documents have been received.

2.☐ Certified copies of the priority documents have been received in Application No. _____.

3.☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1) ☐ Notice of References Cited (PTO-892)
2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
3) ☐ Information Disclosure Statement(s) (PTO/SB/08) Paper No(s)/Mail Date _____.
4) ☐ Interview Summary (PTO-413) Paper No(s)/Mail Date. _____.
5) ☐ Notice of Informal Patent Application
6) ☐ Other: _____.

DETAILED ACTION

Response to Amendment

1. Per the interview conducted on 1/17/08, the Examiner has agreed to reconsider the Non-Final Office Action dated 12/12/07 and issue another Non-Final Office Action to clarify discussed issues.

Notice to Applicant

2. In the response filed 11/8/07, the following has occurred: Claims 70, 76, 111, 114, 118, 120-122, 127, 130-131, 136, 140, 142-144, 149-150, 157, 159, 161-162, 165, 170, 177, 179, 181-182 and 184 have been amended. Now claims 70, 71, 76, 77, 110-123, 126-145, 148-166, 169-186 and 189 are presented for examination.

Claim Rejections - 35 USC § 103

3. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

> (a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.

4. Claims 70-71, 77, 110, 112, 116, 117, 120, 123, 126, 127, 132-134, 137, 138, 139, 140, 142, 145, 148, 149, 151, 153, 155-156, 158, 161, 163, 164, 166, 169, 170, 173, 175-176, 178, 181, 183, 184, 186 and 189 are rejected under 35 U.S.C. 103(a) as being unpatentable over U.S. Patent No. 4,803,625 to Fu et al. and U.S. Patent No. 4,838,275 to Lee in view of U.S. Patent No. 5,390,238 to Kirk et al.

As to claims 70, 117, 127, 138, 149, 150 and 170, Fu discloses a networked health-monitoring system (see Fig. 1), comprising:

(i) a plurality of remote patient sites corresponding to a plurality of patients (see Fig. 1, unit 60), each of the remote patient sites including

(a) at least one display (i.e. unit 68) (col. 5, lines 53-58);

(b) a data management unit configured to facilitate collection of patient health related data (i.e., event table and CPU 64) (col. 10, lines 1-14 and lines 28-61);

(c) at least one memory (i.e. unit 80) (see Fig. 2); and

(d) stored program instructions for generating health-monitoring related information on the display (i.e. display unit 68 and software of the home unit) (col. 5, lines 56-57, col. 8, line 17 and col. 12, lines 1-24).

(ii) at least one central server connectable for communication with the data management unit at the each of the remote patient sites (see Fig. 1)

(b) each of the remote patient sites to establish a respective communication link with the central server and (c) in response to establishing the respective communication links (see: Fig. 1).

Fu does not explicitly disclose

(iii) at least one computer remotely located from the remote patient sites, remotely located from the central server and configured for signal communication with the central server, wherein the system is configured to allow a health care professional to cause information to be transmitted to at least one patient;

display to that patient at least one message at least some of the information caused to be transmitted by the healthcare professional;

(a) a healthcare professional to cause particular information related to a particular one of more of the patients to be transmitted from the computer to the central server;

(c) the central server to send the particular information to the remote patient sites of the particular patients; and

(d) the patients to interactively control a presentation of the particular information;

(e) presentation of at least one message within the particular information on the displays of the particular patient in response to the interactive control.

Lee discloses at least one health care professional computer remotely located from and configured for signal communication with the central server to receive at least one report based on the patient health-related data collected at the remote patient sites (i.e. unit 118a) (see Fig. 1, col. 11, lines 54-56 and col. 13, lines 42-47).

It would have been obvious to one of ordinary skill in the art at the time of Applicant's invention to include at least one health care professional computer remotely located from and configured for signal communication with the central server to receive at least one report based on the patient health-related data collected at the remote patient sites as disclosed by Lee within Fu for the motivation of providing detailed home medical surveillance of patients with a minimal amount of trained technical personnel and minimal training and participation by the patient (Lee: col. 5, lines 15-38).

Fu and Lee do not explicitly disclose display to that patient at least one message at least some of the information caused to be transmitted by the healthcare professional;

(a) a healthcare professional to cause particular information related to a particular one of more of the patients to be transmitted from the computer to the central server;

(d) the patients to interactively control a presentation of the particular information; and

(e) presentation of at least one message within the particular information on the displays of the particular patient.

Kirk teaches a health support system including a remotely located computer facility including the at least one central server wherein hardware and software of the central server automatically communicates with the data management units and at least one health care professional computer (col. 3, lines 3-11, lines 20-42). In addition, Kirk teaches that the central server can report results of the analysis of patient (32, Fig. 3) status to a doctor (24, Fig. 2), care provider (20, Fig. 2) or local monitoring services (12, Fig. 1) (see: column 5, lines 40-47). Additionally, Kirk teaches that the patient (32, Fig. 3) provides information via remote modules (31, Fig. 3) to health support units (30, Fig. 3) and the patients may provide input directly to health support unit (30, Fig. 3) (reads on "(d) the patients to interactively control a presentation of the particular information") (see: column 3, lines 43-51). Furthermore, Kirk teaches that the health support unit (30, Fig. 3) interacts with the local central server (38, Fig. 3) receive medication and program schedule updates (see: column 5, lines 22-27 and column 3, lines 3-11). The Examiner considers the medication and program schedule updates (messages) to be sent by the doctor or pharmacist computer to the local server and then to the patient.

It would have been obvious to one of ordinary skill in the art at the time of Applicant's invention to include the aforementioned limitation for the motivation of utilizing a health care support system which economically provides medication control, wellness checking and patient data accumulation and reporting capability (Kirk: col. 1, lines 53-60).

As to Claims 117, 138 and 171, Fu does not explicitly disclose the system of claim 34, wherein the system is configured to allow a health care professional to select which of a plurality of standardized reports is received.

However, Lee discloses wherein the system is configured to allow a health care professional to select which of a plurality of standardized reports is received (col. 13, lines 5-15). In addition, Lee teaches that a report is standardized (col. 17, lines 20-40). It would have been obvious to one of ordinary skill in the art at the time of Applicant's invention to include the system configured to allow a health care professional to select which of a plurality of standardized reports is received as disclosed by Lee within Fu for the motivation of providing detailed home medical surveillance of patients with a minimal amount of trained technical personnel and minimal training and participation by the patient (col. 5, lines 15-38).

As per claim 140 and 173, Fu does not explicitly disclose the claimed displaying (i) statistical information and (ii) trend information.

However, Lee discloses wherein the report includes displayed formatted statistical information as well as the tables indicating whether values are considered normal (N) or abnormal (A) (trends) (col. 13, lines 5-17). It would have been obvious to one of ordinary skill in the art at the time of Applicant's invention to include wherein the report includes displayed formatted statistical information as disclosed by Lee within Fu for the motivation of providing detailed home medical surveillance of patients with a minimal amount of trained technical personnel and minimal training and participation by the patient (col. 5, lines 15-38).

As per claims 169 and 189, Fu does not explicitly disclose the claimed second user of the computer is a healthcare professional.

However, Lee discloses wherein the message is from the health care professional computer (col. 16, lines 40-43). It would have been obvious to one of ordinary skill in the art at the time of Applicant's invention to include messages from the health care professional computer as disclosed by Lee within Fu for the motivation of providing detailed home medical surveillance of patients with a minimal amount of trained technical personnel and minimal training and participation by the patient (col. 5, lines 15-38).

As to claims 71, 77, 110, 112, 116, 120, 123, 126, 132-134, 137, 139, 142, 145, 148, 151, 153, 155-156, 158, 161, 163, 164, 166, 175-176, 178, 181, 183, 184 and 186, they are similar in scope to claims 70, 117, 127, 138, 140, 149, 150, 169, 170-171, 173 and 189 are rejected on the same basis.

5. Claims 76, 113, 136, 159 and 179 are rejected under 35 U.S.C. 103(a) as being unpatentable over Fu, Lee, and Kirk as applied to claims 34 and 127 above, and further in view of Beckers, Pat. No. 5,019,974.

As to Claim 76, Fu, Lee and Kirk do not explicitly teach the claimed stored program instructions further enable displaying of one or more graphs generated from health related information.

However, Beckers discloses wherein the handheld device is capable of displaying health-monitoring related information graphically (see: column 11, lines 12-19 and Fig. 2).

It would have been obvious to one of ordinary skill in the art at the time of Applicant's invention to include wherein the handheld device is of capable of displaying health-monitoring related information graphically as disclosed by Beckers within Fu, Lee, and Kirk for the

motivation of providing a patient with an individually tailored program of treatment (see: Beckers: col. 1, lines 7-14).

As per claim 113, Fu, Lee and Kirk do not explicitly teach the claimed display is part of video game device.

Becker teaches a handheld device capable of displaying health-monitoring related information graphically (see: column 11, lines 12-19 and Fig. 2). The Examiner considers the display of the handheld device to be similar to video game device.

The obviousness of combining the teachings of Becker with the teachings of Fu, Lee and Kirk are discussed in the rejection of claim 76, and incorporated herein.

As to claims 136, 159 and 179, they are similar in scope to claim 76 are rejected on the same basis.

Claims 114, 165 and 185 are rejected under 35 U.S.C. 103(a) as being unpatentable over Fu, Lee and Kirk as applied to claims 76, 150 and 170 above, and further in view of Dessertine, Pat. No. 5,016,172.

As to claims 114, 165 and 185, Fu, Lee and Kirk do not explicitly the claimed program instructions further enable a presentation and the patient data receiver to present on the display a graphic representation of at least a portion of the patient data.

However, Dessertine discloses wherein the stored programming instructions further enable the patient data receiver to present on the display a graphic representation of at least a portion of the patient data (i.e. patient display unit 5) (col. 3, lines 61-64 and col. 4, lines 29-46 and 52-60). It would have been obvious to one of ordinary skill in the art at the time of Applicant's invention to include wherein the stored programming instructions further enable the

patient data receiver to present on the display a graphic representation of at least a portion of the patient data as disclosed by Dessertine within Fu, Lee and Kirk for the motivation of monitoring patient medication compliance and other patient characteristics remotely (see: Dessertine: col. 1, line 53 – col. 2, line 7).

6. Claims 111, 118, 121, 122, 130, 143, 144, 150, 152, 157, 162, 172, 177 and 182 are rejected under 35 U.S.C. 103(a) as being unpatentable over Fu, Lee, and Kirk as applied to claims 76, 110 and 116 above, and further in view of Fujimoto, Pat. No. 5,339,821.

As to Claims 111, Fu, Lee, and Kirk teach a plurality of home units (60, Fig. 2) at a plurality of remote patient sites that include different modules (e.g. temperature, electrocardiogram, blood pressure, etc…) that monitor and collect patient health related data (see: Fu: column 5, lines 53 to column 6, lines 12 and Fig. 2-2b). The Examiner considers the monitoring and collecting of different types of patient data to be the home unit which is in monitoring mode of a plurality of normal operational modes or different types of patient data.

Fu, Lee, and Kirk do not explicitly disclose the claimed system is configured to cause the presentation of at least one report on the display at a remote patient site and a menu allowing the patient to select different modes.

However, Fujimoto discloses wherein the system is configured to cause the presentation of at least one report on the display at a remote patient (col. 4, lines 48-56). In addition, Fujimoto teaches a medical terminal (1, Fig. 2) that includes operation buttons (15, 16, 17, Fig. 2) for entering a selection by the user (see: column 2, lines 56 to column 3, lines 3). It would have been obvious to one of ordinary skill in the art at the time of Applicant's invention to include wherein the system is configured to cause the presentation of at least one report on the display at a remote

patient site as disclosed by Fujimoto within Fu, Lee and Kirk for the motivation of providing a medical system and apparatus which permits patients to check or measure the condition of a disease at home (col. 1, line 66 – col. 2, line 5).

As to claims 118, 121, 122, 130, 143, 144, 150, 152, 157, 162, 172, 177 and 182, they are similar in scope to claim 111 and are rejected on the same basis.

7. Claims 119, 131, 141, 154 and 174 are rejected under 35 U.S.C. 103(a) as being unpatentable over Fu, Lee and Kirk as applied to claims 116 above, and further in view of Examiner's use of Official Notice.

As to Claim 119, Fu, Lee, and Kirk teach a plurality of home units (60, Fig. 2) at a plurality of remote patient sites that include different modules (e.g. temperature, electrocardiogram, blood pressure, etc…) that monitor and collect patient health related data (see: Fu: column 5, lines 53 to column 6, lines 12 and Fig. 2-2b). The Examiner considers the monitoring and collecting of different types of patient data to be the home unit which is in monitoring mode of a plurality of normal operational modes or different types of patient data.

Fu, Lee, and Kirk do not explicitly disclose the claimed computer receives the first report after the healthcare professional is identified as an authorized user by as an authorization code.

However, the Examiner takes official notice that it was well known in the computer arts to use personal identification numbers (pin) to authorize users to access systems, programs and stored data on computers. The motivation for using pin numbers was to grant access to data or the computer system to authorized users only, particularly sensitive data or information such as patient medical data. It would have been obvious to one of ordinary skill in the art at the time of Applicant's invention to include wherein the healthcare professional computer receives the

report after transmitting an authorization code to the server that identifies an associated healthcare professional as an authorized user within Fu, Lee and Kirk for the motivation stated above.

As to claims 131, 141, 154 and 174, they are similar in scope to claim 119 and are rejected on the same basis.

8. Claims 135, 160 and 180 are rejected under 35 U.S.C. 103(a) as being unpatentable over Fu, Lee, and Kirk as applied to claims 127 above, and further in view of Examiner's use of Official Notice.

As to Claim 135, Fu, Lee, and Kirk do not explicitly disclose the system of claim 40, wherein the memory is a program cartridge.

However, the Examiner takes official notice that it was well known in the computer arts to use program cartridges to program handheld devices. The motivation was to provide a simple and inexpensive means for providing computer programs that are popular or in demand by a number of users. It would have been obvious to one of ordinary skill in the art at the time of Applicant's invention to include wherein the memory is a program cartridge for the motivation stated above.

As to claims 160 and 180, they are similar in scope to claim 135 and are rejected on the same basis.

Response to Arguments

9. Applicant's arguments filed 9/21/07 have been fully considered but they are not persuasive. Applicant's arguments will be addressed hereinbelow in the order in which they appear in the responses dated 9/21/07.

(A) In the remarks, Applicants argues in substance that (1) Fu, Lee and Kirk, alone or combination, do not appear to teach or suggest that the system is configured to allow (c) the central server to send particular information to the remote patient sites of the particular patients in response to establishing the respective communication links as claimed in claims 127 and 149; (2) Fu, Lee and Kirk, alone or combination, do not appear to teach or suggest all of the monitor mode, a display mode and input mode and communication mode for each of the remote user sites as recited in claim 150; (3) Fu, Lee and Kirk appear to be silent regarding motivation material and/or educational material related to a user to be sent from a computer to a central server as recited in claim 150; (4) Amended Claim 150 has not been address in previous Office Action; (5) Fu, Lee and Kirk fail to teach at least one menu that interactively controls the presentation of information received from a central server as recited in claim 120; (6) Fu, Lee, Kirk and Fujimoto, alone or in combination, appear to be silent regarding a menu allowing the selection of three different modes as recited in claim 121; (7) Fu, Lee, Kirk and Fujimoto, alone or in combination, appear to be silent regarding enabling a patient to choose when to receive a message from the central server as recited in claim 111; and (8) Fu, Lee and Kirk fail to teach loading programs from the central server into the memories and to be subsequently executed at the remote patient sites as recited in claim 126.

(B) In response to Applicant's argument that, (1) Fu, Lee and Kirk, alone or combination, do not appear to teach or suggest that the system is configured to allow (c) the central server to send particular information to the remote patient sites of the particular patients in response to establishing the respective communication links as claimed in claims 127 and 149. The Examiner respectfully submits that the Kirk reference, and not Fu and Lee, *per se*, that is relied upon for

the specific teaching of a health support system including a remotely located computer facility including the at least one central server wherein hardware and software of the central server automatically communicates with the data management units and at least one health care professional computer (col. 3, lines 3-11, lines 20-42). In addition, Kirk teaches that the health support unit (30, Fig. 3) interacts with the local central server (38, Fig. 3) to receive medication and program schedule updates (see: column 5, lines 22-27 and column 3, lines 3-11). The Examiner considers the medication and program schedule updates (messages) receive by the health support unit to be sent from the local central server. Fu and Lee are relied on for teaching establishing the respective communication links (see: Lee: Fig. 1). Thus the proper combination would be the central server sending particular information to the remote patient sites of the particular patients as taught by Kirk with the establishing of the respective communication links as taught by Fu and Lee.

(C) In response to Applicant's argument that, (2) Fu, Lee and Kirk, alone or combination, do not appear to teach or suggest all of the monitor mode, a display mode and input mode and communication mode for each of the remote user sites as recited in claim 150. The Examiner respectfully submits that the Fujimoto reference teaches a medical terminal equipment (1, Fig. 2) of the medical apparatus (8, Fig. 2) including a loudspeaker (13, Fig. 2), a liquid crystal display apparatus (14, Fig. 2) serving as display means and operation buttons (15, 16, 17, Fig. 2) for entering a selection (see: column 2, lines 56 to column 3, lines 3). This indicates a display mode, input mode and communication mode as well as operation buttons as recited in the claimed invention. Furthermore, the claim language only recited a plurality of buttons and none of the buttons are actually used merely described. Therefore, Fujimoto's medical apparatus that

describes these buttons or mode meets the claimed language.

(D) In response to Applicant's argument that, (3) Fu, Lee and Kirk appear to be silent regarding motivation material and/or educational material related to a user to be sent from a computer to a central server as recited in claim 150. The Examiner respectfully submits Kirk teaches that the health support unit (30, Fig. 3) interacts with the local central server (38, Fig. 3) receive medication and program schedule updates (see: column 5, lines 22-27 and column 3, lines 3-11). The Examiner considers the medication and program schedule updates (educational messages) to be sent by the doctor or pharmacist computer to the local server and then to the patient.

(E) In response to Applicant's argument that, (4) Amended Claim 150 has not been address in previous Office Action. The Examiner respectfully submit as per claim 50, Fu, Lee, and Kirk teach a plurality of home units (60, Fig. 2) at a plurality of remote patient sites that include different modules (e.g. temperature, electrocardiogram, blood pressure, etc…) that monitor and collect patient health related data (see: Fu: column 5, lines 53 to column 6, lines 12 and Fig. 2-2b). The Examiner considers the monitoring and collecting of different types of patient data to be the home unit which is in monitoring mode of a plurality of normal operational modes or different types of patient data.

Fu, Lee, and Kirk do not explicitly disclose the claimed system is configured to cause the presentation of at least one report on the display at a remote patient site and a menu allowing the patient to select different modes.

Fujimoto is relied for teaching a system is configured to cause the presentation of at least one report on the display at a remote patient (col. 4, lines 48-56). In addition, Fujimoto teaches a

medical terminal (1, Fig. 2) that includes operation buttons (15, 16, 17, Fig. 2) for entering a selection by the user (see: column 2, lines 56 to column 3, lines 3). It would have been obvious to one of ordinary skill in the art at the time of Applicant's invention to include wherein the system is configured to cause the presentation of at least one report on the display at a remote patient site as disclosed by Fujimoto within Fu, Lee and Kirk for the motivation of providing a medical system and apparatus which permits patients to check or measure the condition of a disease at home (col. 1, line 66 – col. 2, line 5).

(F) In response to Applicant's argument that, (5) Fu, Lee and Kirk fail to teach at least one menu that interactively controls the presentation of information received from a central server as recited in claim 120. The Examiner respectfully submit Kirk teaches a health support system including a remotely located computer facility including the at least one central server wherein hardware and software of the central server automatically communicates with the data management units and at least one health care professional computer (col. 3, lines 3-11, lines 20-42). In addition, Kirk teaches that the central server can report results of the analysis of patient (32, Fig. 3) status to a doctor (24, Fig. 2), care provider (20, Fig. 2) or local monitoring services (12, Fig. 1) (see: column 5, lines 40-47). Additionally, Kirk teaches that the patient (32, Fig. 3) provides information via remote modules (31, Fig. 3) to health support units (30, Fig. 3) and the patients may provide input directly to health support unit (30, Fig. 3) (reads on "(d) the patients to interactively control a presentation of the particular information") (see: column 3, lines 43-51). Furthermore, Kirk teaches that the health support unit (30, Fig. 3) interacts with the local central server (38, Fig. 3) receive medication and program schedule updates (see: column 5, lines 22-27 and column 3, lines 3-11). The Examiner considers the medication and program schedule

updates (messages) to be sent by the doctor or pharmacist computer to the local server and then to the patient. In addition, the patient controls the inputted information to health support unit which the Examiner considers the patient interactively controlling presentation of inputted information.

(G) In response to Applicant's argument that, (6) Fu, Lee, Kirk and Fujimoto, alone or in combination, appear to be silent regarding a menu allowing the selection of three different modes as recited in claim 121. The Examiner respectfully submits that the Fujimoto reference teaches a medical terminal equipment (1, Fig. 2) of the medical apparatus (8, Fig. 2) including a loudspeaker (13, Fig. 2), a liquid crystal display apparatus (14, Fig. 2) serving as display means and operation buttons (15, 16, 17, Fig. 2) for entering a selection (see: column 2, lines 56 to column 3, lines 3). This indicates a display mode, input mode and communication mode as well as operation buttons as recited in the claimed invention. Furthermore, the claim language only recites "menu allows the patient to select…" suggesting that the menu only **allow** the patient to select not actually selecting and Fujimoto teaches a medical apparatus that describes operation buttons or mode which can be selected by the patient.

(H) In response to Applicant's argument that, (7) Fu, Lee, Kirk and Fujimoto, alone or in combination, appear to be silent regarding enabling a patient to choose when to receive a message from the central server as recited in claim 111. The Examiner respectfully submits Kirk teaches that the health support unit (30, Fig. 3) interacts with the local central server (38, Fig. 3) receive medication and program schedule updates (see: column 5, lines 22-27 and column 3, lines 3-11). In addition, Kirk teaches health support unit (30, Fig. 1) may receive commands from the patient (32, Fig. 1) (see: column 5, lines 7-10). The Examiner considers the commands

received by the patient to include selecting when to receive messages (updates) from the central server.

(I) In response to Applicant's argument that, (8) Fu, Lee and Kirk fail to teach loading programs from the central server into the memories and to be subsequently executed at the remote patient sites as recited in claim 126. The Examiner respectfully submit Kirk teaches a health support system including a remotely located computer facility including the at least one central server wherein hardware and software of the central server automatically communicates with the data management units and at least one health care professional computer (col. 3, lines 3-11, lines 20-42). In addition, Kirk teaches that the central server can report results of the analysis of patient (32, Fig. 3) status to a doctor (24, Fig. 2), care provider (20, Fig. 2) or local monitoring services (12, Fig. 1) (see: column 5, lines 40-47). Additionally, Kirk teaches that the patient (32, Fig. 3) provides information via remote modules (31, Fig. 3) to health support units (30, Fig. 3) and the patients may provide input directly to health support unit (30, Fig. 3) (reads on "(d) the patients to interactively control a presentation of the particular information") (see: column 3, lines 43-51). Furthermore, Kirk teaches that the health support unit (30, Fig. 3) interacts with the local central server (38, Fig. 3) receive medication and program schedule updates (see: column 5, lines 22-27 and column 3, lines 3-11). The Examiner considers the medication and program schedule updates (messages) to be sent by the doctor or pharmacist computer to the local server and then to the patient. Furthermore, Lee discloses at least one health care professional computer remotely located from and configured for signal communication with the central server to receive at least one report based on the patient health-related data collected at the remote patient sites (i.e. unit 118a) (see Fig. 1, col. 11, lines 54-56

and col. 13, lines 42-47). This indicates that the health care professional computer (memory) receives (loaded) reports (programs) from the central server as described by Lee.

Conclusion

Any inquiry concerning this communication or earlier communications from the examiner should be directed to Robert W. Morgan whose telephone number is (571) 272-6773. The examiner can normally be reached on 8:30 a.m. - 5:00 p.m. Mon - Fri.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, C. Luke Gilligan can be reached on (571) 272-6770. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

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